



PERSONAL/CRIMINAL HISTORY STATEMENT

(For Liquor, Lottery, Gambling and Cigarette Wholesaler/Tobacco Distributor Licenses)

Please type or print clearly in dark ink. Complete all spaces or print N/A in spaces that do not apply.

Type of License(s) you are applying for: (You must provide a copy of this form to each of the agencies you checked below.)

☐ LIQUOR ☐ LOTTERY ☐ GAMBLING ☐ CIGARETTE WHOLESALER/TOBACCO DISTRIBUTOR

BUSINESS NAME: (DBA or trade name)

BUSINESS LOCATION ADDRESS: Street or Route	City	County	State or Country	Zip Code
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I AM A: ☐ SOLE PROPRIETOR ☐ CORPORATE OFFICER ☐ STOCKHOLDER ☐ FINANCIER ☐ LLC MEMBER/MGR ☐ SPOUSE
(Check all that apply) ☐ PARTNER Title: _____ 10% or more ☐ MANAGER ☐ OTHER: _____

NAME: (Last, First, Middle)		Maiden	SOCIAL SECURITY NUMBER:	
HOME MAILING ADDRESS: (Street or PO Box)		City	County	
State or Country:	Zip Code:	HOME PHONE:	WORK/CELL PHONE:	
HOW LONG LIVING AT HOME ADDRESS ABOVE:	HEIGHT:	WEIGHT:	EYE COLOR:	HAIR COLOR:
BIRTHDATE: (Month, Day and Year)	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE:	DRIVER'S LICENSE NUMBER & STATE OF ISSUE:	
ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	If NO, give alien registration/entry visa/work permit number(s):		PORT OF ENTRY:	DATE OF ENTRY: (Month, Day and Year)
SPOUSE'S NAME: (Last, First, Middle)		Maiden	DATE OF MARRIAGE: (Month, Day and Year)	

LICENSE HISTORY

List any business licenses that you have ever held, currently applied for, or have been denied/revoked/suspended in any state.

TYPE	LICENSE NUMBERS	BUSINESS NAME	STATE	LAST YEAR HELD
GAMBLING				
LIQUOR				
LOTTERY				
OTHER				

CRIMINAL HISTORY STATEMENT

Have you EVER: 1. Been arrested or cited? 3. Been convicted? 5. Been placed on probation? ☐ YES ☐ NO
2. Been charged with a crime? 4. Been Jailed? 6. Forfeited bail or paid a fine over \$25 (Include traffic fines)?

You must answer "YES" if any of the above have occurred, even if charges were dismissed, deferred or changed. Explain each charge fully below and attach additional sheets as needed. False or incomplete information may result in denial, suspension or revocation of a license. You must include events that occurred while you were a juvenile.

OFFENSE DATE	OFFENSE	CITY	COUNTY	STATE	DISPOSITION AND DATE

CERTIFICATION

I certify under penalty of perjury that all answers and statements on page 1 and 2 are true, correct and complete. I understand that untruthful or misleading answers are cause for denial of a license and/or revocation of any license granted. I hereby authorize investigation of my criminal history, financial records and other sources as necessary for licensing.

SIGNATURE: X			
PRINT NAME:		DATE SIGNED:	PLACE SIGNED: (City, County and State)
If applying for gambling license, elected chief executive officer or employer must also sign this form.			
SIGNATURE: X			
PRINT NAME:		DATE SIGNED:	PLACE SIGNED: (City, County and State)

PERSONAL/CRIMINAL HISTORY STATEMENT (Page 2)

LICENSE NUMBER _____

UBI NUMBER _____

Page 2 to be completed by applicants applying for Liquor, Gambling, Cigarette Wholesaler, and Tobacco Distributor Licenses.

ADDITIONAL PERSONAL HISTORY

PLACE OF BIRTH: <i>City</i>	County	State or Country		
OTHER NAMES USED:		PREVIOUS SOCIAL SECURITY NUMBER:		
PLACE OF MARRIAGE: <i>City</i>	County	State or Country	Zip Code	
MILITARY SERVICE: <i>(Branch and dates of service)</i>	COUNTRY OF MILITARY SERVICE:	TYPE OF DISCHARGE:		
E-MAIL ADDRESS:		FAX NUMBER:		

EMPLOYMENT HISTORY

List employment, self-employment, military, unemployment and school attendance for the **last 10 consecutive years** (including foreign residences). **If more space is needed, attach additional sheets in the same format.**

Dates From - To:	TITLE:	SUPERVISOR:			
EMPLOYER/SCHOOL:					
ADDRESS: <i>(Street or Route)</i>	City	County	State or Country	Zip Code	
Dates From - To:	TITLE:	SUPERVISOR:			
EMPLOYER/SCHOOL:					
ADDRESS: <i>(Street or Route)</i>	City	County	State or Country	Zip Code	
Dates From - To:	TITLE:	SUPERVISOR:			
EMPLOYER/SCHOOL:					
ADDRESS: <i>(Street or Route)</i>	City	County	State or Country	Zip Code	

RESIDENCE INFORMATION

You must list all places of residence for the **last 10 consecutive years** (include foreign residences). List current residence first. **If more space is needed, attach additional sheets in same format.**

Dates From-To:	STREET ADDRESS:				
	CITY:	COUNTY:	STATE OR COUNTRY:	ZIP CODE:	
Dates From-To:	STREET ADDRESS:				
	CITY:	COUNTY:	STATE OR COUNTRY:	ZIP CODE:	

CERTIFICATION

I certify under penalty of perjury that all answers and statements on page 1 and 2 are true, correct and complete. I understand that untruthful or misleading answers are cause for denial of a license and/or revocation of any license granted. **I hereby authorize investigation of my criminal history, financial records and other sources as necessary for licensing.**

SIGNATURE: X		
PRINT NAME:	DATE SIGNED:	PLACE SIGNED: <i>(City, County and State)</i>

APPLICANT: YOU MUST MAKE COPIES FOR EACH OF THE AGENCIES YOU HAVE CHECKED ON PAGE 1 OF THIS FORM

LIQUOR CONTROL BOARD
PO BOX 43098
OLYMPIA WA 98504-3098

LOTTERY COMMISSION
PO BOX 43027
OLYMPIA WA 98504-3027

GAMBLING COMMISSION
PO BOX 42400
OLYMPIA WA 98504-2400

CIGARETTE/TOBACCO
PO BOX 43098
OLYMPIA WA 98504-3098